

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576693

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1	1				
3	1	2				
4		2				
5		①				
6		①				
7		①				
8		①				
9		①				
10		①				
11		①				
12		①				
13	1	①				
14		①				
15		①				
16		①				
17	1					
18		1				
19		1				
20		3				
21		3				
22		①				
23		①				
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50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	34	←		←		←
TOTAL CLAIMS	36					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						